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**FEC** FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typi r the lines.	ng, type	12FE4M5					
i I	RESTORE	AMBRIC	ALLAT	30R	FORCE	PAC	-   -   -	اسنسنا			
AD	Check if different than previously reported. (ACC)	131 WE 18TH FL NEW YO	ST 35 OOR RK	TH, \$	STREE	NY	1000	) <u>.lj</u> -			
2.	FEC IDENTIFICATION N	JMBER ▼	CITY A	<del></del>	S	STATE A	Z	IP COD	E A		
	<b>C</b>		3. IS THIS REPORT		NEW (N) OR	AM (A)	IENDED				
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)		May 20 (M5) Jun 20 (M6)	•	20 (M8) 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)		
	April 15 Quarterly Report (C	21)	Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10) 		Jan 31 (YE)		
	July 15 Quarterly Report (C October 15 Quarterly Report (C	(C) 12-Day PRE-Ele Report f		Primary (12) Convention		General (		l	Runoff (12R)		
	January 31 Year-End Report (Y		Election on	M M /	7	V 1. У У У		in the State of			
	July 31 Mid-Year Report (Non-electio Year Only) (MY)	(d) 30-Day POST-E Report f		General (30	G)	Runoff (3	0R)		Special (30S)		
	Termination Report (TER)		Election on	15 M /	ים ס' /	<b>v</b> 1 <b>v</b> 1 <b>v</b> 1 <b>v</b> 1		in the State of	·		
5. Covering Period 07 01 2014 through 09 30 2014											
	ertify that I have examined the	· r	best of my kno	wledge and	belief it is true	e, correct and	complete	:. 			
Signature of Treasurer    Signature of Treasurer   Signature of Treasurer   Signature of Treasurer   Date   0 02 2014											
	Office Use Only	ecus, or incomplete if	normation may st	abject the pe	John Signing III	· ·	FEC	FORI	VI 3X		